



GUI-200010-06042020

ELIGIBILITY CHECKLIST

Please carefully review the eligibility requirements below as submitting this application you will be agreeing to have met each requirement.

- ✓ 1. Business suffered financial loss in amount at least equal to grant amount from business interruption caused by required closures or business reduction resulting from COVID-19 public health emergency.
- ✓ 2. Business is physically located within the boundaries of Guilford County N.C.
- ✓ 3. Business has been operating since at least October 1, 2019.
- ✓ 4. Business can demonstrate ongoing business operations as of February 29, 2020.
- ✓ 5. Business is expected to be fully operational after local and state emergency guidelines are rolled back.
- ✓ 6. Business is not a publicly traded company.
- ✓ 7. Business does not have any current or unpaid liens or taxes and is not operating in violation of any state, federal or local laws.
- ✓ 8. Business did not exceed \$2 million in 2019 gross receipts or sales.
- ✓ 9. Business employs 25 full-time equivalent employees or less (equivalent to 1,000 total average weekly hours for all employees) as of February 29, 2020.

Total average weekly hours for all employees (including owner) 7500



TO BE COMPLETED BY APPLICANT

Name of Business: John's Business

Name of Business Owner(s): John G Guilford

Business Address:

Address Line 1: 301 West Market Street

Address Line 2: _____

City / State / Zip: Greensboro NC 27401

Contact Person Name: John Guilford

Contact Person Title: Owner

Contact Person E-mail: guilfordcaresgrant@guilfordcountync.gov

Contact Person Phone: 336-999-9999

Business Type (select one): Cooperative Corporation



Please enter the amounts you are seeking financial assistance for that represents your expenses or incurred debts due to Covid-19

Salaries and Wages for March	5000	April	5000	May	5000	TOTAL	15000
Mortgage/Lease Payments for March	1200	April	1200	May	1200	TOTAL	3600
Utilities Payments for March	475	April	475	May	475	TOTAL	1425
Total							20025

Please provide the following information from your most recently filed federal tax forms. These include forms: 1040 Schedule C, 1065, 1120S, 1120 as appropriate to your business. Include these tax forms and the supporting "attach statement" with your application.

Gross receipts or sales: \$ 257,500

(All Tax Forms: line 1 or 1a)

63000

Salaries and/or Wages: \$

(Tax Form – Line number: 1040 Schedule C-26, 1065-9, 1120S-8, or 1120-13)

12500

Rent and/or Lease: \$

(Tax Form – Line number: 1040 Schedule C-20b, 1065-13, 1120S-11, or 1120-16)

2550

Utilities: \$

(Tax Form – Line number: 1040 Schedule C-25, Included in your (attach statement) for 1065-20, 1120S-19, or 1120-26)

4000

Expenses for business use of your home: \$

(Tax Form – Line number: 1040 Schedule C-30)

Net Profit/Ordinary Business Income/ Taxable Income: \$

(Form 1040C Line-31, Form 1065 Line-22, Form 1120S Line-21, Form 1120 Line- 30)

Tax ID#: 12345678

Initials
jg

By providing my initials, I attest that this business had losses equal to or greater than the above figures due to a business interruption caused by the COVID-19 virus.

Application Code: GUI2020 20512.5



ELIGIBILITY VERIFICATION

1. What type of business do you operate? Restaurant
2. Is your business a small business with at least one and no more than 25 full-time employees that has been negatively impacted under the state or county Stay at Home Order?
Yes
3. At submission of your application you will be prompted to attach a completed W9. A W9 form is available via <https://www.irs.gov/pub/irs-pdf/fw9.pdf> You will also be prompted to attach the Businesses most recent Federal Tax Return. If a Tax Return is not available for submission, you may submit the businesses most recent Profit / Loss Statement. Please identify if the application being submitted contains a Federal Tax Return or a P&L Statement
Federal Tax Return

4. Is your business or corporation registered with the State of North Carolina? Yes

Business License or Registration # (If Applicable) 1234567

5. Was the business in operation in Guilford County as of October 1, 2019? Yes

Business Start Date: 10/20/2001

6. Is the business or the applicant in good standing with Guilford County?

Yes

7. Does the business or the applicant have any outstanding judgments, tax liens, or pending lawsuits against them?

No



8. Is the business or the applicant delinquent on any federal taxes, direct or guaranteed federal loans (SBA, FHA, VA, student, etc.), federal contracts or federal grants?

No

9. Is the applicant currently suspended or debarred from contracting with the federal government or receiving federal grants or loans?

No

10. Is the Business a current Vendor of Guilford County?

No

11. Provide if applicable, any Interruption Insurance or other insurance for the business.

Coverage Type: _____

Name of Insurance Company and Agent: _____

Phone Number of Insurance Agent: _____

Amount Received for Claims Filed for COVID-19 Losses \$: _____

12. Have you received financial assistance from any of the following COVID-19 / CARES loan or grant program categories:

____ Federal Programs (PPP, EIDL, SBA Loans, etc) Amount Received:\$ _____

____ State COVID-19 Loans Amount Received: \$ _____

____ Other, please specify _____

Amount \$ _____

****Grant award amount may be reduced based on prior assistance received****

A copy of your loan agreement will need to be uploaded to this application



DESCRIPTION OF HOW GRANT FUNDS WILL BE USED

Describe in 500 characters or less what the grant funds will be used for and how it will help sustain your business. For example, how many months of lease payments will the grant award allow you to pay and/or how many full-time employees will the grant award allow you to retain.

Distribute to supplement the loss of salaries to staff

GRANT APPLICATION PROCESS AND TERMS

1. Businesses must complete and include the following with this application:
 - 2019, or most recent, Federal Tax Return for the Business
2. If application is found complete, application will be reviewed for eligibility and applicants will receive a notice of award within a target of one to two weeks following submission.
 - a. In all cases, the County reserves the right to reject any and all applications in the event the County identifies a potential conflict of interest or the appearance of a conflict of interest.
 - b. Submission of an application in no way obligates the County to award a grant and the County reserves the right to reject any or all applications, wholly or in part, at any time, without penalty.
3. Awards will be made on a first come, first served basis. Note: the county does not guarantee awards and no commitment if incorrect until actual grant of funds.
4. If awarded, this application becomes a binding contract between the entity named above and Guilford County upon receipt of funds.
5. If awarded, funds may only be used for applicant's payroll expenses, utilities, lease payments or mortgage payments.
6. Businesses receiving funding are required to:
 - a. Certify via a written statement how many jobs were retained or how many months of lease payments for the business premises were paid allowing the business to continue operations.
 - b. Submit evidence that the grant funds have been spent in the manner and for the purposes stated in this application within sixty (60) days of the payment date. Evidence provided must be to the satisfaction of the County.



- c. The County reserves the right to audit the applicant's books and records for compliance with terms in this Agreement.
7. Businesses receiving funding are encouraged to:
 - a. If applicable, adopt Federal and State guidance for operating their businesses (social distancing, clean down procedures, limiting in-store occupancy, etc.).
8. Grant funds will be issued upon approval and execution of this application by Guilford County.
9. The program will remain in effect during Guilford County's declared state of local emergency and while funds are available.

Please direct any questions to GuilfordCARESGrant@guilfordcountync.gov.

By my signature below, I have read and understand the Guilford CARES Small Business Assistance Grant Program. I make the following representations and acknowledge agreement to the following terms and conditions:

- Upon approval of this application, as evidenced by the signature of the County Manager below and receipt of funds, this application becomes a binding contract between the entity named above and Guilford County (Agreement).
- I am the duly authorized representative of the entity named above and can bind the entity to the terms of this Agreement.
- If funds are provided by the County, the funds will be used for the purposes set forth above.
- In no event shall the County's financial responsibility exceed the approved amount, set forth below.
- I expect my business to be operational after the state and local emergency guidelines are rolled back and hereby pledge in good faith to remain in business for at least six (6) months following receipt of funds.
- I bear full responsibility for any and all tax consequences of receiving grant funds including, but not limited to, issuance of a 1099 by the County.
- There is no agency, employment, joint venture, or other such relationship created by virtue of award of the grant. The County does not endorse the specific business.
- Applicant shall defend and indemnify the County and its officials, employees, agents and representatives from and against any claim, injury, liability, loss, cost and/or expense or damage including all costs and reasonable attorney's fees, arising from or alleged to arise from the activity or event.
- The representations made by applicant in this Application are material terms of the Agreement, as is compliance with Small Business Assistance Grant Program. The County may cancel this Agreement at any time upon discovery that any of the information set forth above is inaccurate, that these terms have been violated, or any provision of the Small Business Assistance Grant Program has been violated.
- The County is authorized to make all the inquiries you deem necessary to verify the accuracy of the information contained herein. Additionally, applicant agrees that in the event money is provided pursuant to this application, the County or its agents shall be entitled to access and



audit such records as may be necessary to prevent fraud in this process or ensure compliance with county, state, and federal requirements.

Under penalties of perjury, I declare that I have read the foregoing application and that the facts stated in it are true. I understand that knowingly making false written declaration may be charged as a felony of the third degree.

Applicant Signature: 
eSigned via SeamlessDocs.com
Key: 1b047760c7da7d092ef015f0ac6cd63a

Date: 06/04/2020

Applicant Name John Guilford

Title: _____

TO BE COMPLETED BY COUNTY STAFF

Grant Application Approved?

Proposed Grant Amount: _____

Signature of Application Reviewer: _____ **Date:** _____

Grant Amount: _____

Signature of Technical Reviewer: _____ **Date:** _____

Signature of County Manager: _____ **Date:** _____